

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

13142

State File No.

1966

FILED APR 27 1955

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Mo.		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Lemay		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthonys Hospital				e. STREET ADDRESS (If rural, give location) 149 Laredo			
3. NAME OF DECEASED (Type or Print) a. (First) Mary A. b. (Middle) Brante c. (Last)				4. DATE OF DEATH (Month) (Day) (Year) 3-1-55			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept. 12, 1888	
9. AGE (In years) 66		10. UNDER 1 YEAR (Months) 66		11. UNDER 24 HRS. (Hours) 66		12. UNDER 1 MIN. (Mins.) 66	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife				10b. KIND OF BUSINESS OR INDUSTRY home			
11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME Chas. Tessmer				13b. MOTHER'S MAIDEN NAME Mamie Mahon			
14. NAME OF HUSBAND OR WIFE Phillip Brante				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none			
16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Phillip Brante 149 Laredo, Lemay, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) Coronary Thrombosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				21. INTERVAL BETWEEN ONSET AND DEATH 2 hrs several years 1 year			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201					
22. I hereby certify that I attended the deceased from 1953 to 1955 , that I last saw the deceased alive on 2/1/55 , and that death occurred at 2p. m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edward Krasner M.D.				23b. ADDRESS 457 N. Kings Highway			
23c. DATE SIGNED 3/1/55				24a. BURIAL, CREMATION, REMOVAL (Specify) removal			
24b. DATE 3-4-55		24c. NAME OF CEMETERY OR CREMATORY Sunset Burial Park		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Southern Funeral Home 8322 S. Grand Blvd., St. Louis, Mo.	
DATE REC'D BY LOCAL REG. MAR 2 1955		REGISTRAR'S SIGNATURE J. Carl Smith		(Licensed Embalmer's Statement on Reverse Side)			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Ed. Massie
at Barnes or Jewish Hospital
Wed. Morning or at office
457 N. Kingshighway
130 to 5 p.m.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4512

P. O. Address 6322 So. St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.